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7590 03/26/2004

**MARGARET A. DOBROWITSKY  
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Legal Staff  
P.O. Box 5052, Mail Code: 480-414-420  
Troy, MI 48007-5052**



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

<b>Katie Hales</b>	(Depositor's name)
<b>Katie Hales</b>	(Signature)
<b>26-May-04</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/924,862	08/08/2001	Roderick L. Hoffman	DP-304542	2903

TITLE OF INVENTION: ELEMENT SLEEVE FOR A BATTERY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/28/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
CANTELMO, GREGG	1745	429-208000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1	<b>Jimmy L. Funke</b>
2	
3	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**DELPHI TECHNOLOGIES, INC.**

**TROY, MICHIGAN**

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee
- ☒ Advance Order - # of Copies **2**

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- ☐ A check in the amount of the fee(s) is enclosed.
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(Authorized Signature) **Katie Hales** (Date) **26-May-04**

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05/28/2004 WASFAW2 00000045 500831 09924862

01 FC:1501	1330.00 DA
02 FC:1504	300.00 DA
03 FC:8001	6.00 DA

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